



GEORGIA BOARD OF NURSING HOME ADMINISTRATORS

237 Coliseum Drive * Macon, Georgia 31217

Phone 404-424-9966

www.sos.ga.gov/plb/nursinghome

APPLICATION FOR APPROVAL AS A NURSING HOME ADMINISTRATOR-IN-TRAINING (AIT)

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Nursing Home Administrators in the State of Georgia. Visit the website for information

The Board will not process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all required information and documentation is complete and correct. An incomplete application will result in delayed processing. Incomplete applications are void after one year and will result in a new application and fee. Please use the following checklist to ensure that you submit a COMPLETE application.

The \$225.00 application fee is **NON-REFUNDABLE**; Make payable to the **Georgia Board of Nursing Home Administrators**. Fee must be included with application. **Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.**

SECURE & VERIFIABLE DOCUMENT & AFFIDAVIT OF CITIZENSHIP

Changes to Georgia Law (OCGA 50-36-1) provide that **all applicants for licensure MUST** provide a Secure & Verifiable Document and an Affidavit of Citizenship with their application. The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

ALL APPLICANTS FOR NH AIT APPROVAL MUST PROVIDE THIS DOCUMENTATION OR THE APPLICATION WILL NOT BE PROCESSED.

- ☐ **BACKGROUND INFORMATION:** All questions must be answered. Any question answered "yes" requires further documentation to be submitted. Attach a letter of Explanation if you have had any arrests, criminal convictions, charges, or sanctions by another state licensing board. You must also submit a certified copy of the court's final disposition, or the official document indicating the current status of the sanction or disciplinary action(s). Approval of licensure is at the Board's discretion.
- ☐ **EDUCATION:** Submit an official copy of your college transcript or a copy of your High School Diploma. Official Transcripts only will be accepted, no student copies, and must indicate the degree awarded and date degree was conferred.
- ☐ AIT Applicants must indicate on this application a current Board approved Nursing Home Administrator Preceptor and Board approved Facility Training Site, OR, that applications have been/will be submitted for Board approval for a new Nursing Home Administrator Preceptor and a new Board approved Facility Training Site (or a Reinstatement application of a prior approval).

- ☐ PROGRAM OUTLINE FORM: The Preceptor of the AIT must complete and submit the applicable Program Outline Form with the AIT's application. If the Board approves a different length for the program, the Preceptor will be notified in writing so that a corrected outline can be submitted to the Board.
- ☐ In accordance with Board rule's 393-3-.02, the length of the AIT, Internship or work experience is defined according to the level of educational requirements that are met. **Only Board approved Georgia AIT Preceptor and Training Site programs are acceptable.**
- ☐ DOCUMENTATION COMPLETION FORM: Once the AIT program is complete, the Preceptor will submit to the Board the Certification of Completion form along with the final monthly report due from the AIT to the Board.

***** **NEW - VERY IMPORTANT – PLEASE READ CAREFULLY** *****

Upon completion of the AIT program, and the approval by the Board of the AIT Program Completion Report, the AIT shall within thirty (30) days of the Board's notification to the AIT of their approval of the training program completion submit an application and the required fee for licensure as a Nursing Home Administrator.

Once the AIT program completion report is received and approved by the Board, the AIT will be eligible to register and sit for the Exam:

NATIONAL ASSOCIATION OF BOARDS (NAB) EXAM: All AIT applicants must pass the NAB Nursing Home Administrators Licensing Examination to obtain licensure as a Georgia Nursing Home Administrator. Upon approval by the Board to register, the applicant must contact NAB for the purpose of registering to take the examination. Once the examination has been taken the Georgia NHA Board is notified of the applicant's score.

If the exam is passed, then a license may be issued if all other licensure requirements are met. If the exam is failed, the examination can be retaken. In order to register to retake the examination, the applicant contacts NAB as previously instructed. For additional information regarding this exam, please go to www.nabweb.org.

Failure to take and pass the exam within six months of the date of approval by the Board of the NHA application for licensure shall require the submission of a new application and fee.

SUPERVISION: The AIT program may be Full Time or Part Time. Will you be in program on a full time basis (40 hours per week) _____ or part time basis (no less than 24 hours per week)? _____

Supervision Chart

Full Time or Part Time	Check next to Length of Program Required
Full Time = <u>40 hours/wk</u> 500 hours = 12.5 weeks @ 40 hrs. 1000 hours = 25 weeks @ 40 hrs. 1500 hours = 37.5 weeks @ 40 hrs. 2000 hours = 50 weeks @ 40 hrs.	1. 500 Hours _____ 3 month license 2. 1000 Hours _____ 6 month license 3. 1500 Hours _____ 12 month license 4. 2000 Hours _____ 12 month license
Part Time = 24 hours <u>minimum</u>/wk 500 hours = 20.83 weeks @ 24 hrs. 1000 hours = 41.66 weeks @ 24 hrs. 1500 hours = 62.5 weeks @ 24 hrs. 2000 hours = 83.33 weeks @ 24 hrs.	1. 500 Hours _____ 3 month license 2. 1000 Hours _____ 6 months license 3. 1500 Hours _____ 12 months license 4. 2000 Hours _____ 12 months license
An AIT approval is granted for a 3 month, 6 month or 12 month (1 year) period . Written request for an extension must be submitted at least 30 days before approval expires. Approval of reports or extensions is at the Board's discretion.	NOTE: If AIT does not submit reports showing proper hours worked, a denial will be issued. If time off is granted during AIT, it must not affect the completion of the program and it must be documented on the monthly reports.

Applicant must indicate a current Board approved Preceptor and a current Board approved Training Site where the training will occur:

Name of Preceptor _____ Approval #NHAP _____

Name of Facility _____ Approval #NHAS _____

Facility Address _____

Street _____ City _____ State _____ Zip _____

*If you **do not** have a Board approved Preceptor or Training Site for the training program, applications must be submitted by a facility NHA of record. Please indicate below who the NHA of record is and the facility that will be submitting their application for preceptor and training site approval:*

Name of Proposed Preceptor: _____ License # NHA _____

Name of Facility _____

Facility Address _____
 Street _____ City _____ State _____ Zip _____

APPLICANTS WORK EXPERIENCE: Note: An applicant for AIT approval must submit proof of experience with an "Affidavit of Experience" (pages 9 & 10 of this application). Applicant must complete Part I and request employer/supervisor to complete Part II

Name of Facility _____

Job title _____

Facility Address _____
 Street _____ City _____ State _____ Zip _____

Duties: _____

Management Experience: _____

Number of Employees Supervised: _____
(Indicate the number supervised in the last 3-5 years)

Name of Facility _____

Job title _____

Facility Address _____
Street City State Zip

Duties: _____

Management Experience: _____

Number of Employees Supervised: _____
(Indicate the number supervised in the last 3-5 years)

PROFESSIONAL BACKGROUND

If you answer yes to any of the following questions, attach a Letter of Explanation, relevant documents and a certified copy(s) of any final disposition indicating a description of the current status. For the purpose of the following questions, the terms "licensee," "registration," and "certification" are synonymous.

Do you now hold, or have you in the past held another professional license? If "Yes" complete the following and attach additional sheets if necessary. **Yes** ____ **No** ____

License Title _____ State _____ Expiration Date _____

License Title _____ State _____ Expiration Date _____

Have you had revoked or suspended or otherwise sanctioned any license issued to you by any board or agency in Georgia or any other state? **Yes** ____ **No** ____

Were you denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license or the privilege of taking an examination by any state licensing board?

Yes ____ **No** ____

Have you knowingly failed to renew a license during an investigation of disciplinary action?
Yes ____ **No** ____

Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?

Yes ____ No ____

Have you been subject to disciplinary action or been terminated by an employer while employed in any profession you are or have ever been licensed in?

Yes ____ No ____

To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization? Yes ____ No ____

Have you ever been arrested? **NOTE:** *The answer to this question is “YES” if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.*

Yes ____ No ____

IMPORTANT: *If you checked “yes” to the above question, please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident. In addition you must print out the “Background Investigation Consent” form found on the same webpage as this application. Failure to submit this consent form with application may result in delayed processing of the application.*

Are you currently unable to practice with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition?

Yes ____ No ____

Have you had any suit filed against you related to the practice of a profession?

Yes ____ No ____

Have you ever had your Medicaid and /or Medicare privileges restricted or revoked?

Yes ____ No ____

**Georgia Board of Nursing Home Administrators
Affidavit of Applicant**

Please document with your initials that you have reviewed each of the resources listed below and have the affidavit notarized.

All statutory requirements are accessible via: <http://www.lexisnexis.com/hottopics/gacode/Default.asp>

All Rules and Regulations are accessible via: <http://rules.sos.ga.gov/>

_____ Department of Community Health, Division of Medical Assistance, Nursing Facility Services Policy Manual - from <https://www.mmis.georgia.gov/portal/default.aspx> select “Provider Manuals” under the “Provider Information” tab.

_____ Georgia State Board of Nursing Home Administrators Law (OCGA § 43-27)

_____ Georgia statutes regarding Living Will, Durable Power of Attorney for Health Care, Withholding or withdrawal of life-sustaining procedures (OCGA § 31)

_____ Georgia statutes pertaining to Department of Community Health with particular attention to sections pertaining to Long Term Care Facilities (OCGA § 31)

_____ Fire Safety Codes (OCGA § 25-2-13)

_____ Disaster Preparedness Plans (Chapter 111-8-16)

_____ DHS Rules pertaining to Nursing Homes/Long-Term Care Facilities (290).

_____ Board Rules pertaining to Nursing Home Administrators (393).

(Date)

(PRINTED Name of Applicant)

(Signature of Applicant)

Sworn to and subscribed before me this

_____ day of _____, 20_____

Signature of Notary Public _____

My commission expires: _____

Notary Seal

AFFIDAVIT OF CITIZENSHIP

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Nursing Home Administrators, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on (See list of acceptable documents on website).**
- 2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Nursing Home Administrators and/or criminal prosecution.

Signature of Applicant

Date

Sworn to and subscribed before me this

_____ day of _____ 20____

Notary Public Signature

(Notary Seal)

My Commission Expires: _____



Georgia Board of Nursing Home Administrators 237
Coliseum Drive, Macon, Georgia 31217-3858
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AFFIDAVIT OF EXPERIENCE – FORM A

- Please type or print legibly
- Complete a form for each employer in order to meet the required experience for **your application**
- Applicant **completes Part I**
- Owner/Administrator of the nursing facility or the employer/superior in the chain of command at the home office that operates the licensed nursing facility and/or hospital **completes Part II**

PART I – APPLICANT

Applicant's Name: _____

Name of business/corporation that owns facility: _____

Name of facility _____

Address of facility _____
Street City State Zip

Phone number of facility _____ Position held _____

Dates employed - From: _____ to: _____
Month/Year Month/Year

Description of Responsibilities:

Affidavit of Applicant

I, the above named applicant, attest that the above information is a true and accurate representation of experience obtained in a nursing facility or home office that operates licensed nursing facilities or hospitals.

Date

Signature of Applicant

PART II – OWNER/ADMINISTRATOR/EMPLOYER/SUPERIOR

Instructions

- Please review the applicant's description of management experience.
- Please submit comments or any additional information that will assist the Board in its decision regarding licensure for the applicant.

Comments _____

I, the undersigned ____ Owner/Administrator of the nursing home facility **or** ____ Employer or Superior in the chain of command at the home office that operates licensed nursing facilities and/or hospitals, attest that the description provided by the Applicant of the experience obtained in a nursing facility, home office of a business or corporation that operates licensed nursing facilities or hospitals, is true and accurate, and I further acknowledge that I may be required to furnish additional information promptly for this application to be processed.

Date

Printed Name of Nursing Home Administrator/Employer

Signature of Nursing Home Administrator/Employer

Subscribed and sworn to before me this

_____ day of _____ 20 _____

Notary Public

My Commission Expires _____

Notary Seal

Georgia Board of Nursing Home Administrators
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AIT PROGRAM OUTLINE - 500 HOUR

****Preceptor: Please indicate below your established plan for the AIT training.**

(Please print **clearly** or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NAME OF AIT: _____ Date _____
(Title) (Last) (First) (Middle)

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

Proposed AIT Beginning Date: _____ Proposed date of Completion: _____

RESIDENT CARE AND QUALITY OF LIFE: (A minimum of 200 hours) TOTAL HOURS _____

Topics in this area should include nursing services, social services, food service, medical services, therapeutic services, recreational and activity programs, medical records, pharmaceutical program and rehabilitation services.

NURSING	_____	SOCIAL SERVICES	_____
DIETARY	_____	RECREATION/VOLUNTEERS	_____
MEDICAL RECORDS	_____	REHABILITATION SERVICES	_____
MEDICAL/ALLIED HEALTH	_____	PHARMACEUTICAL PROGRAM	_____

HUMAN RESOURCES: (A minimum of 80 hours) TOTAL HOURS _____

Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, and employee retention.

ADMINISTRATION _____

FINANCE: (A minimum of 65 hours) TOTAL HOURS _____

Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.

BUSINESS _____

PHYSICAL ENVIRONMENT: (A minimum of 40 hours) TOTAL HOURS _____

Topics in this area should include safety procedures, fire, disaster and emergency programs, and building and environmental management.

HOUSEKEEPING/LAUNDRY _____ MAINTENANCE _____

LEADERSHIP AND MANAGEMENT: (A minimum of 90 hours) TOTAL HOURS _____

Topics in this area should include compliance with laws and regulations and governing entities, risk management, communication, survey, certification, enforcement, quality improvement models and management information systems.

OTHER: _____ TOTAL HOURS _____

TOTAL NUMBER OF HOURS IN AIT TRAINING PROGRAM _____

TO BE COMPLETED BY THE SUPERVISING LICENSED NURSING HOME ADMINISTRATOR: I certify that the AIT whose signature appears below has agreed to complete this AIT program of **500** hours under my personal supervision.

(Signature of Preceptor)

GA NHA Preceptor # NHAP _____

GA NHA License # NHA _____

(Signature of AIT)

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AIT PROGRAM OUTLINE - 1000 HOUR

****Preceptor: Please indicate below your established plan for the AIT training.**

(Please print **clearly** or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NAME OF AIT: _____ Date _____
(Title) (Last) (First) (Middle)

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

Proposed AIT Beginning Date: _____ Proposed date of Completion: _____

RESIDENT CARE AND QUALITY OF LIFE: (A minimum of 320 hours) TOTAL HOURS _____

Topics in this area should include nursing services, social services, food service, medical services, therapeutic services, recreational and activity programs, medical records, pharmaceutical program and rehabilitation services.

NURSING	_____	SOCIAL SERVICES	_____
DIETARY	_____	RECREATION/VOLUNTEERS	_____
MEDICAL RECORDS	_____	REHABILITATION SERVICES	_____
MEDICAL/ALLIED HEALTH	_____	PHARMACEUTICAL PROGRAM	_____

HUMAN RESOURCES: (A minimum of 150 hours) TOTAL HOURS _____

Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, and employee retention.

ADMINISTRATION _____

FINANCE: (A minimum of 150 hours) TOTAL HOURS _____

Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.

BUSINESS _____

PHYSICAL ENVIRONMENT AND ATMOSPHERE: (A minimum of 80 hours) TOTAL HOURS _____

Topics in this area should include safety procedures, fire, disaster and emergency programs, and building and environmental management.

HOUSEKEEPING/LAUNDRY _____ MAINTENANCE _____

LEADERSHIP AND MANAGEMENT: (A minimum of 200 hours) TOTAL HOURS _____

Topics in this area should include compliance with laws and regulations and governing entities, risk management, communication, survey, certification, enforcement, quality improvement models and management information systems.

OTHER: _____ **TOTAL HOURS** _____

TOTAL NUMBER OF HOURS IN AIT TRAINING PROGRAM _____

TO BE COMPLETED BY THE SUPERVISING LICENSED NURSING HOME ADMINISTRATOR: I certify that the AIT whose signature appears below has agreed to complete this AIT program of **1000** hours under my personal supervision.

(Signature of Preceptor)

GA NHA Preceptor # NHAP _____

GA NHA License # NHA _____

(Signature of AIT)

GEORGIA BOARD OF NURSING HOME ADMINISTRATORS

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AIT PROGRAM OUTLINE - 1500 HOUR

****Preceptor: Please indicate below your established plan for the AIT training.**

(Please print clearly or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NAME OF AIT: _____ Date _____
(Title) (Last) (First) (Middle)

NAME OF FACILITY WHERE TRAINING IS TAKING PLACE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

Proposed AIT Beginning Date: _____ Proposed date of Completion: _____

RESIDENT CARE AND QUALITY OF LIFE: (A minimum of 530 hours) TOTAL HOURS _____

Topics in this area should include nursing services, social services, food service, medical services, therapeutic services, recreational and activity programs, medical records, pharmaceutical program and rehabilitation services.

NURSING _____ SOCIAL SERVICES _____

DIETARY _____ RECREATION/VOLUNTEERS _____

MEDICAL RECORDS _____ REHABILITATION SERVICES _____

MEDICAL/ALLIED HEALTH _____ PHARMACEUTICAL PROGRAM _____

HUMAN RESOURCES: (A minimum of 200 hours) TOTAL HOURS _____

Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, and employee retention.

ADMINISTRATION _____

FINANCE: (A minimum of 200 hours) TOTAL HOURS _____

Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.

BUSINESS _____

PHYSICAL ENVIRONMENT AND ATMOSPHERE: (A minimum of 170 hours) TOTAL HOURS _____

Topics in this area should include safety procedures, fire, disaster and emergency programs, and building and environmental management.

HOUSEKEEPING/LAUNDRY _____ MAINTENANCE _____

LEADERSHIP AND MANAGEMENT: (A minimum of 300 hours) TOTAL HOURS _____

Topics in this area should include compliance with laws and regulations and governing entities, risk management, communication, survey, certification, enforcement, quality improvement models and management information systems.

OTHER (Specify): _____ **TOTAL HOURS** _____

TOTAL NUMBER OF HOURS IN AIT TRAINING PROGRAM _____

TO BE COMPLETED BY THE SUPERVISING LICENSED NURSING HOME ADMINISTRATOR:

I certify that the AIT whose signature appears below has agreed to complete this AIT program of **1500** hours under my personal supervision.

(Signature of Preceptor)

GA NHA Preceptor # NHAP _____

GA NHA License # NHA _____

(Signature of AIT)

Georgia Board of Nursing Home Administrators

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AIT PROGRAM OUTLINE - 2000 HOUR

****Preceptor: Please indicate below your established plan for the AIT training.**

(Please print clearly or type all answers - if there is not sufficient space, use additional sheets and number accordingly).

NAME OF AIT: _____ Date _____
(Title) (Last) (First) (Middle)

NAME OF AIT Site WHERE TRAINING IS TAKING PLACE: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

Proposed AIT Beginning Date: _____ Proposed date of Completion: _____

RESIDENT CARE AND QUALITY OF LIFE: (A minimum of 750 hours) TOTAL HOURS _____

Topics in this area should include nursing services, social services, food service, medical services, therapeutic services, recreational and activity programs, medical records, pharmaceutical program and rehabilitation services.

NURSING	_____	SOCIAL SERVICES	_____
DIETARY	_____	RECREATION/VOLUNTEERS	_____
MEDICAL RECORDS	_____	REHABILITATION SERVICES	_____
QUALITY IMPROVEMENT	_____	PHARMACEUTICAL PROGRAM	_____

HUMAN RESOURCES: (A minimum of 250 hours) TOTAL HOURS _____

Topics in this area should include recruitment, interviewing, employee selection, training, personnel policies, employee health and safety program, and employee retention.

ADMINISTRATION _____

FINANCE: (A minimum of 250 hours) TOTAL HOURS _____

Topics in this area should include accounting, budgeting, financial planning and asset managing, and auditing.

BUSINESS _____

PHYSICAL ENVIRONMENT: (A minimum of 250 hours) TOTAL HOURS _____

Topics in this area should include safety procedures, fire, disaster and emergency programs, and building and environmental management.

HOUSEKEEPING/LAUNDRY _____ MAINTENANCE _____

LEADERSHIP AND MANAGEMENT: (A minimum of 400 hours) TOTAL HOURS _____

Topics in this area should include compliance with laws and regulations and governing entities, risk management, communication, survey, certification, enforcement, quality improvement models and management information systems.

OTHER: _____ **TOTAL HOURS** _____

TOTAL NUMBER OF HOURS IN AIT TRAINING PROGRAM _____

TO BE COMPLETED BY THE SUPERVISING LICENSED NURSING HOME ADMINISTRATOR: I certify that the AIT whose signature appears below has agreed to complete this AIT program of **2000** hours under my personal supervision.

(Signature of Preceptor)

GA NHA Preceptor # NHAP _____

GA NHA License # NHA _____

(Signature of AIT)